

The number of sufferers in the school of Reitberg was not so numerous, but was sufficient to show the facility with which convulsive diseases may be communicated to feeble and excitable constitutions.

A girl, aged twelve years and a half, had during two previous years suffered occasionally from epileptic paroxysms. Towards the end of May, 1837, she had an attack in the school, and shortly afterwards four others were similarly affected. In these cases no premonitory symptoms were observed; the patients uttered a shriek and fell insensible to the ground, convulsions generally followed, sometimes alternating with tonic spasms, but in the four last cases there was no foaming at the mouth, nor were the thumbs contracted. The paroxysms lasted about a quarter of an hour, rarely half an hour. The disease appeared to be little under the influence of medical treatment, at least the remedies employed did not seem to have any beneficial effect.—*B. and F. Med. Rev.* Oct. 1838, from *Medicinische Zeitung*, No. 8. 1838.

9. *Partial Sweat*.—The following singular example of partial sweating was communicated to the Medical and Physical Society of Bombay, by A. DUNCAN, Esq. A man was brought as a recruit to the 25th Regiment, Native Infantry, from the warlike little territory of Sawant Warree. It was found on the slightest exertion, that moisture oozed profusely from his hands and feet. He was a stout, able-bodied, healthy-looking man, such as it would be desirous to have an army composed of. The word *attention* being given, forthwith on clasping his hands, and that not very forcibly, the perspiration poured, rather than dropped from them, the ground was also bedewed around the edges of his feet, and on his changing his place, there were his foot prints in thorough wet. Being on a cow-dung floor, and desired to step about, every step was imprinted wet. His body remained unaffected.

He stated that he had been all his life subject to this affection; that he was able to work like his neighbours, but got fatigued rather soon; that the various excretions, so far as he knew, were the same in quantity and kind, as those of others; that his appetite was similar also; in short, no difference could be discovered between his usual state of health, and that of others, of good habit, excepting this singular flow of clear perspiration from the palms of his hands, his fingers and feet.

Mr. D. had no opportunity of watching the man, to know if all he had said as to his habit of body was entirely accurate; he was evidently unfit for military service, as the grasping of a musket brought the sweat streaming from his hands.—*India Journal of Med. and Phys. Science.* January, 1837.

10. *Sloughing and Discharge of about twenty-five inches of Large Intestine*.—An example of this has been communicated to the Medical and Physical Society of Bombay, by Dr. P. BROWN. It occurred in a trooper admitted into hospital, Nov. 30th 1834, with dysentery. The patient had almost constant calls to stool; the evacuations were scanty, very offensive and passed with much straining: the abdomen was slightly tumid, with general tenderness on pressure, particularly on the left side; countenance anxious and pallid; tongue slightly furred at the root and centre, with raw and reddish edges: stomach irritable, pulse soft and rather quick. These symptoms continued until the 20th Dec., when, while straining at stool, there came away a membranous tube about 25 inches in length, which on examination proved to be a portion of large intestine. This was of its natural calibre but its walls were much thickened; its three coats could be readily separated.

After the discharge of this portion of intestine, the evacuations, though still dysenteric, were passed without straining, and often involuntarily; gradually, however, they became less frequent, and the power of retaining them returned. The nausea and retching ceased, but the least increase in diet always proved prejudicial. January 18th, the appetite having become very keen, chicken was allowed; much irritation resulted, and though the former diet, bread and milk, was restored, still the patient continued restless and uneasy, but without any

alarming symptoms till about an hour before he died, on the 20th January, when he complained of excruciating pain in the abdomen.

On inspection after death, the small intestines were found so knotted together that they could not be traced: the large intestine was much shortened, and not a vestige of the sigmoid flexure existed. The rectum was much increased in capacity.—*Ibid.*

11. *Enormous Dilatation of the Stomach.*—A remarkable example of this has been communicated to the Medical Society of Toulouse by M. SERAIN. It occurred in a man thirty-six years of age, a great eater, and who selected for his food the most indigestible and substantial articles, and drank the strongest liquors. He had been affected for eight or nine years with copious and frequent vomitings, and was greatly emaciated. He died of influenza. On examination after death, the stomach was found enormously distended, and occupying the whole abdomen; its form natural. The diameter of its greater curvature was three feet two inches. It contained ten pounds of sanguineous fluid, and its parietes were three lines thick.—*Journ. de Méd. et de Chirurg. Prat.* August, 1838.

12. *Researches relative to the causes of sudden death.*—The opinion is still entertained by most physicians that apoplexy is the most frequent cause of sudden death. M. ALPHONSE DEVERGIE, who has the medical direction of la Morgue, the place where the bodies of unknown persons who die suddenly in the streets of Paris are carried, has endeavoured to ascertain how far this opinion is founded in truth, and has found that sudden death from an affection of the brain is rare. Of forty cases which he has examined, he has found four only in which death resulted solely from an affection of the brain; three in which there was congestion of the brain and spinal marrow; and twelve in which the lungs and brain were simultaneously affected. Sudden death from affection of the lungs alone is the most common. M. D. met with twelve cases of this out of the forty; and if to these we add the twelve examples of sudden death in which the brain and lungs were both affected, we shall have twenty-four cases out of forty in which the lungs were affected in cases of sudden death. Death from affection of the heart is the most rare. M. D. met with it but three times.

It results from these researches that sudden deaths are occasioned, arranged according to the order of their frequency, 1, from an affection of the lungs; 2, of the lungs and brain; 3, of the brain and spinal marrow; 4, from hemorrhage; 5, from an affection of the heart. It is consequently an error to regard apoplexy, that is, circumscribed cerebral hemorrhage, as the most common cause of sudden deaths; since of forty cases, M. D. has observed an apoplectic collection of blood but once. Sanguineous congestions of the meninges should not be ranked among cerebral hemorrhages. M. D. has further ascertained that sudden deaths are much more frequent in winter, and more common in men than women. Among the forty deaths noted, but five were of females; and finally, that sudden deaths occur principally in persons from 40 to 50, and from 60 to 70 years of age. *Bulletin Gén. de Thérapeutique*, August, 1838.

13. *Purulent Discharges from the Bladder and Rectum in Hepatic Diseases, &c.* The July No. (1837,) of the *Quarterly Journal of the Calcutta Medical and Physical Society*, contains an interesting memoir on this subject, by J. MOUT, Esq. The author remarks that purulent deposits have been known from very remote antiquity; instances having been mentioned by Galen, Scultetus, Paré, Belloste, Quesnay, Butnar, and others, in which the sudden disappearance of abscess has been followed by evacuations of pus from the bladder and rectum. Purulent depositions from these organs have always been attributed to the direct opening of the abscess either into the intestines, gall-bladder, ureters, &c.; but Dr. Mout's observations have induced him to believe, that in many cases, no such communication has occurred, these discharges being depositions or excretions in the faecal or urinary passage. He proposed to illustrate this by cases bearing upon the point in question. That this occurrence in hepatic abscess should not have been recorded, is no reason why it should not exist; indeed in the present